PTC/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Tradsmark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to reposed to a collection of information unless it contains a valid OMB control Number

				Attorney	Docket Number	FORSAL-1	03		
	DECLARATIO		UTILITY OR	First Nac	ned Inventor	Pauli Kouto	nen		
	PATENT	DESIGN	TATION		COMPLETE IF KNOWN				
		CFR 1.6		Application	on Number				
	Declaration	п.	)eclaration	Filing Da	te				
	Submitted wife Initial	OR S	lubmitted after Initial Illing (surcharge	<b>Group Ar</b>	t Unit				
	Filing		37 CFR 1.16 (e)) Required)	Examiner	Name				
ÀS 2	As a below named faventor, I hereby declare that:								
Myn	zidence, mailing address	, and citizensh	ip are as stated below n	ext to my name.					
I belie	ve I am original, first and	sole inventor	(if only one name is lis	ted below) or an origin	ial, first and joint inventor	(if plum! Names a	re listed below) of the		
	t matter which is claimed				termining Run	ning Param	eters Rased		
"	demod for Cor				ing into Accou		icidis Dascu		
		OII	IMPORETS 1 SET	ng On-wind	mg mto Accou	140			
						·			
							1		
_		<del></del>		(Title of the Invention,	)				
The sp	ecification of which			•	•				
	Is attached hereto OR								
Ø	was filed on (MM/D	D/YYYY)	11/10/200	3 as United	States Application Numb	er or PCT Internat	ional .		
Applic	ation Number PC	I/F12003/0	00851 and was am	ended on (MIM/DD/Y)	(11)		(if applicable).		
				ts of the above ident	ified specification, inclu	ding the claims, a	s amended by any		
amen	dment specifically refer	med to above.	•						
materi	al information which bec	ose informatio ame available	n which is material to p between the filing date	etentability as defined of the prior application	in 37 CFR 1.56, including and the national or PCT	g for continuation- international filing	in-part applications, date of the continuation-		
I here	application. by claim foreign priority t	cuefits under	35 U.S.C. 119(a)-(d) or	(f), or 365(b) of any	oreign application(s) for p	patent, inventor's o	r plant breeder's rights		
certific	≈stc(s), or 365(a) of any P	CT internation	nal application which d	esignated at least one	country other than the Uni	ted States of Amer	ica, listed below and		
applic	ation having a filing date r Forcign Application	before that of	the application on whic	h priority is claimed. za Filing Date			ied Copy Attached?		
	Number(s)	Count		(DD/YYYY)	Priority Not Chimed	YES	NO		
	20022023	FI	1	1/13/2002			×		
			. [				片		
							片		
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

Burden Hour Statement: this form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEEWS OF COMLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number.

## **DECLARATION** — Utility or Design Patent Application Correspondence address below Direct all correspondence to: **Customer Number** 36528 or Bar Code Label Name: Address: State: Zip: City: Fax: Country: Telephone: I hereby declare that all statements made harein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like 60 made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopartize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SQLE OR FIRST INVENTOR: Family Name Given Name or Surname: Kontonen (first and middle [if any]): Pauli Inventor's Date: 03-05-05 Signature Country: Finland Citizenship: FI Residence: City: Jokela State: Mailing Address: Apupapintie 2 Country: Finland Zip: FIN-05400 City: Jokela State: NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]): Marko or Surname: **Jorkama** Inventor's Date: 03-05-05 Signature Residence: City: Järvenpää State: Country: Finland Citizenship: FI Mailing Address: Jenkkapolku 30 A

Additional inventors are being named on the 1 supplemental Additional inventor(s) short(s) PTO/SB/U2A attached hereto.

City: Järvenpää

State:

Zip: FIN-04420

Country: Finland

Please type a plus sign (+) inside this box

PTO/SBA2A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB countof number.

## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:					A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]): Jari				Family Name or Surname: Paanasalo				
Inventor's Jan Pagnarals						Date: 63-05-20		
Residence: City: Järvenpää State: Country: Finland Citizenship: FI								
Mailing Address: Metsol	antie 46	A3						
City: Jārvenpāā	State:		,		Zip: <b>FIN-04430</b>	Country: Finland		
Name of Additional Joint In	ventor, if a	ny:			A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any]):				Family Name or Surname:				
Inventor's Signature						Date:		
Residence: City: State:			· ••		Country:	Citizenship:		
Mailing Address:								
City:	State:				Zip:	Country:		
Name of Additional Joint In	ventor, if a	ay:			A petition has been filed	for this unsigned inventor		
Given Name (first and middle [if any]):				Family Name or Surname:				
Inventor's Signature						Date:		
Residence: City:		State:			Country:	Citizenship:		
Mailing Address:								
City: Burden Hour Statement: This form	State:	tyle 21 minutes to	romnie		Zip:	Country: the needs of the individual case. Any		

comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

	T
Please type a plus sign (+) inside this box   +	1

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	PCT/FI2003/000851
	Filing Date	November 10 2003
	First Named Inventor	Pauli Koutonen
	Title	Method for Controlling a Wind-Up
AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	FORSAL-103

I hereby app	point			
Ø	Practitioners at Customer Number	36528		
	OR	-		
	Practitioner(s) named below:			
	Name	Re	gistration Number	
as my/our a the United S	nttorney(s) or agent(s) to prosecute the States Patent and Trademark Office of	e application identificonnected therewith	ied above, and to transact :	all business in

Please cl	hange the	correspond	ence address for the	above-identif	ied app	lications to;			
			mentioned Custome						
(	OR								
	Practitioner(s) named below:								<u></u> L
(	)R								
0	Firm or Individua	al Name							
Add									
Add									
City		<u>.</u>		State			<u>q</u>		
Cou								<del></del>	
	phone	<u> </u>			Fax				
I am the:			••••	-					
Ø	Applicant	/Inventor							•
	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).								
			SIGNATURE of App						
Name	Pauli	Koutonen	. /3				. 41		
	Signature / See ' Can -								
Date									
forms if mo	netures of all re than one s	the inventors Ignature is rec	or assignees of record of t uired, see below.	he entire interest	or their r	epresentative(s) an	e requ	ired. Subm	it multiple
$\boxtimes$	*Total of	3	forms are submitted.						•

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a	plus sign (	+) inside this box	+	l

冈

Name

Date

Signature

Applicant/Inventor

Mark.

"Total of

03-05

Marko Jorkama

forms if more than one signature is required, see below.

-2005

PTO/SB/81 (02-01)

PCT/FI2003/000851

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contain: a valid OMB control number.

Application Number

	1 di     1 di			
1	Filing Date	November 10 2003 Pauli Koutonen Method for Controlling a Wind-Up		
POWER OF ATTORNEY OR	First Named Inventor			
AUTHORIZATION OF AGENT	Title			
AUTHORIZATION OF AGENT	Group Art Unit			
	Examiner Name			
	Attorney Docket Number	FORSAL-103		
I hereby appoint:				
	er 36528			
OR				
Practitioner(s) named below:				
Name	Registrat	tion Number		
	·			
		mun and to transfer all hunisans in		
as my/our attorney(s) or agent(s) to prosecute the United States Patent and Trademark Office	ne application identified ab	ove, and to transact all business in		
the Office States Facilit and Trademark Office	Commedia marawidi.			
Diagonal de la companya de la compan		- None Ass		
Please change the correspondence address for   The above-mentioned Cus	tomer Number	auons to.		
OR	Cinci Namber.	· · · · · · · · · · · · · · · · · · ·		
Practitioner(s) named belo	w· T	· · · · · · · · · · · · · · · · · · ·		
OR	··· .			
Firm or				
Individual Name	•			
Address				
Address				
City	State	Zio		
Country Telephone	I Fatt			
I am the:	Fax			
I GIN UIG.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

SIGNATURE of Applicant or Assignee of Record

Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

forms are submitted.

Please type a plus sign (+) i	nside this box	+

PTC/SB/81 (02-01)
Approved for use through 10/31/2002, OMB 0651-0035

Un

ider the Papers	work Reduction	Act of 1995,	no persons are required t	o respond to a	o. raicii collectic	on of information	na uniless it contains a valid OM	B control number.
				Application			PCT/FI2003/0008	
i				Filing Dat	e		November 10 200	3
POW	EP OE	ATTO	RNEY OR	First Named Inventor		entor	Pauli Koutonen	
		Title			Method for Controlling	g a Wind-Up		
AUII	AUTHORIZATION OF AGENT							·
İ				Examiner	Name			
				Attorney	Docke	t Number	FORSAL-103	
	appoint	•/•						
図			Customer Numbe	г 36528				
		DR						
<u> </u>	Name		named below:			Dogiotroti	on Number	<del></del>
	Name	*		·		Registrati	on Number	_
<del> </del>			<del> </del>				· · · · · · · · · · · · · · · · · · ·	-
							ve, and to transact all t	ousiness in
the Unite	a States Pa	atent and	Trademark Office	connected	there	with.		
FB								
	nange tne (		dence address for e-mentioned Cust			fied applica	ations to:	
	OR	TITO GDOY	e-memoried casi	omer Hun	inei.			
		Practition	er(s) named belov	v:				
	OR .							
	Firm or							
,	Individus	I Name					·	
	ress			·		•		
City					State		Zip	
	ntry					<del></del>		
	ephone					Fax	بنائلت مید ، سیسی	
I am the:	<del></del>			· • • • • • • • • • • • • • • • • • • •			<del></del>	
	Applicant/Inventor							
	Assignee of record of the entire interest. See 37 CFR 3.71							
	Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record  Name Jari Paanasalo								
Signature	Jan P		surgels		Rel	12	<del></del>	
Date	1 ( 1 )	3-C5-	2005	<del></del>		- ()	<del></del>	
NOTE: Sign	natures of all t	he inventors		of the entire	interes	t or their repre	esentative(s) are required. S	ubmit multiple
$\boxtimes$	*Total of	3	forms are submitted	i.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon this needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.